



1647

FORM PTO-1083 **AMENDMENT TRANSMITTAL LETTER**

Appl. No. : 09/620,840
Applicant : STEWARD ET AL
Filed : July 21, 2000
Title : LEUCINE BASED MOTIF AND CLOSTRIDIAL
NEUROTOXINS
TC/A.U. : 1647
Examiner : Hayes, Robert
Docket No. : D-2885

COMMISSIONER FOR PATENTS
PO BOX 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL		MINUS		
INDEP.	4	MINUS		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				

RATE	ADDIT. FEE
x 9	
x 42	
+140	
Total Addit. Fee	

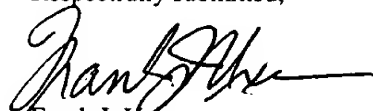
or

RATE	ADDIT. FEE
x 18	
x 84	
+280	
Total Addit. Fee	

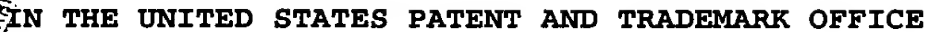
- ☐ Please charge my Deposit Account No. the amount of \$
- ☐ A check in the amount of
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-0885.
- ☐ Any additional filing fees required under 37 CFR 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

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Respectfully submitted,


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2/E



Docket No. : D-2885

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Remarks/Arguments begin on page 6 of this paper.